

FILED OCT 28 1950

STANDARD CERTIFICATE OF DEATH

33808

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 389

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b> <u>0484</u>	
c. LENGTH OF STAY (In this place) <b>26 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>722 W. Waldo St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>722 W. Waldo St.</b>		d. STREET ADDRESS (If rural, give location) <b>722 W. Waldo St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>NETTIE</b> b. (Middle) <b>BLOOM</b> c. (Last) <b>GENTRY</b>			4. DATE OF DEATH <b>Oct. 3, 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 23, 1867</b>	9. AGE (In years last birthday) <b>83</b>	10. IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Troy, Ohio.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Christopher Bloom</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Davis Bloom</b>		14. NAME OF HUSBAND OR WIFE <b>Harvey H. Gentry Dec.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss. Susannah Gentry Indep, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b> <b>2 years</b> <b>4214</b> <b>3 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Valvular Heart Disease</b> DUE TO (c) <b>Semiconsious &amp; Prostrata</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov 12, 1948, to Oct 3, 1950 that I last saw the deceased alive on Oct 3, 1950 and that death occurred at 9:45 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Est. Allen M.D.</b>	23b. ADDRESS <b>Independence, Mo. City</b>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 5, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Washington</b>
24d. LOCATION (City, town, or county) (State) <b>Intr-City- Near Indep.</b>		

DATE REC'D BY LOCAL REG. <b>Oct. 5, 1950</b>	REGISTRAR'S SIGNATURE <b>John D. Saigo</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Chas. Mitchell Indep, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Marion Stein*

Licensed Embalmer No. *3156*

P. O. Address *Independence*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.